

PRACTICAL POINTS ON PRIVATE NURSING

IN CHARGE OF
ISABEL MCISAAC



ENTEROCLYSIS AND COLONIC FLUSHING

By ANNA A. DAVIDSON
Graduate of the Presbyterian Hospital, New York City

IN the onward march of medical science simplicity is conspicuous, simple vapor and hot-air baths, tub-baths, cold sponges, and packs supplanting the medicated baths and powerful antipyretics of former years; and if we continue to depend upon Mother Nature, we will come to believe in the four great principles laid down by a prominent New York physician, namely, warm feet, castor-oil, water inside, and water outside.

We can all count back to the days when it was considered dangerous to give fever patients much water to drink; in fact, a large majority of the laity still hold to this principle, and many a nurse finds she shocks the family by keeping a pitcher of water within the patient's reach. Even in health people do not drink enough, and the system cries out for its proper amount of fluid, which they try to supply by tea and coffee instead of pure water.

Cannot we as nurses teach the world better? A large amount of constipation might be prevented if they would only realize this, for drinking water with meals softens the food and so assists absorption, also drinking between meals stimulates the intestinal glands, aiding secretion, both in stomach and intestines, as well as providing the system with a needed fluid, aiding in the manufacture of blood, and stimulating the kidneys to secretion.

The excellent results of enteroclysis and colonic flushing are becoming more and more recognized by the medical profession.

We in the hospitals, where all new methods have their birth, have accepted this treatment as one of the best of the present age, the results in some cases being remarkable.

In hemorrhage from operation, either primary or secondary, the enteroclysis of normal salt solution has proved most beneficial,—in fact, from shock from any causes,—and one of its best recommendations for

private duty has been that the nurse cannot go astray in giving it, as it is one of those things that can be done while waiting for the doctor, that most anxious of moments for the nurse.

In cases of anæmia, pernicious or simple, and in general sepsis, salt solution by rectum, one or two pints daily, replenishes the blood and gives a gentle general stimulation.

Enteroclysis of salt solution and whiskey, or black coffee, about eight ounces, given four or six times in the twenty-four hours, makes an admirable heart stimulant.

In making coffee for this purpose it needs to be very strong. Four ounces of ground coffee, boiled for ten minutes, is necessary to make eight ounces of the proper strength.

Colonic flushing in nephritis has produced most excellent results. Normal salt solution is generally used, about four quarts, at a temperature of one hundred and twelve degrees. This stimulates the kidneys and overcomes in a great measure the profound toxæmia that often exists in this disease. It may be given as a colonic flushing, distending the colon with the entire amount of the hot fluid, and then syphoning it back, or as a rectal irrigation, allowing the solution to run out immediately. The Kemp tube is the best for this, as the double current permits a continual flow; or two small rectal tubes may be inserted with the same result.

In typhoid or any high fever an irrigation at a temperature of sixty-five degrees assists greatly in reducing the temperature, but distending the colon with any amount of fluid in typhoid is always questionable.

Colitis is treated to a large extent now with colonic flushing of either potassium permanganate of a strength of 1 to 1000; silver nitrate, 1 to 1000; quinine sulphate, ten grains to the quart, or simple salt solution. Some of the most successful results have been from the quinine treatment, as it has a specific action on the amœba. The irrigation in colitis should be given once or twice daily. When the salt solution or quinine is used it may be given as often as every four or six hours.

Hypodermoclysis, or subcutaneous injection, is coming more and more into favor for shock from any cause or for general stimulation. It is given with a large aspirating needle, about five hundred or one thousand cubic centimetres at a temperature of one hundred and six to one hundred and eighteen degrees; it is usually given in the breast or abdomen, with children in the buttocks.

In pneumonia or typhoid, given daily when the heart's action is weak or there is much toxæmia, it has proved very beneficial. There is seldom any pain attending it, and of the many cases I have seen treated

in this way I have never yet seen an abscess, and where aseptic precautions are taken there is practically no danger.

There is less tendency to chill afterwards than in the venous infusion; this is probably owing to the fact that, being injected into the loose tissues, it is taken up slowly by the blood-vessels and the stimulation is more gradual than when injected directly into the vessel; in that case it reaches the heart,—in fact, the entire system,—so rapidly that the stimulation is so sudden it is a shock, and produces a revulsion that is manifested by a chill.

CONVALESCENCE

By RUTH BREWSTER SHERMAN

Johns Hopkins Hospital School for Nurses

SOME years before I entered a training-school I was much struck by a comment on nurses by a lady who had employed several. After praising their devotion to work and their general helpfulness, she added that they seemed to lose interest in their patients when recovery set in and to be almost eager to get away. "The best judge of a game," says the wise Lord Bacon, "is not the player, but the spectator, who sees under what advantages or disadvantages the player takes his part." If spectators criticise our "game," what better chance can we have to learn our faults and make our profession more acceptable to the public?

During a definite illness, be it long and wearing or short and sharp, a nurse's duties are positive and sure, hers—and hers only. She has been trained to watch, recognize, and meet abnormal conditions; to do certain things in certain ways; to fit her thoughts, methods, and efforts to the requirements of the disease rather than of the individual, who at this time has lost his interest in life, his habitual attitude and poise, his natural disposition, and is really, however perverse and wilful he seems, in the hands of his physician, family, and nurse for a new adjustment to life as he regains his health. But what preparation has she made within herself, what training has the hospital given her, to meet the longer, infinitely more trying, and scarcely less important time of convalescence?

In hospital work we practically do not see convalescence, because the patients are so early discharged to make room for more needy ones, and we are too busy with the very sick to give the recovering inmates all the thought and planning they should have; but perhaps we are too ready to feel that this is by no fault of ours, only the pressure of circumstances. We get our "up-patients" dressed and in wheel-chairs in